

**APPOINTMENT AND INTAKE PROCESS IMPROVEMENT
FOR
LOCAL PUBLIC HEALTH DEPARTMENT**

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The appointment and intake process of Preventive Health clients at local DHEC County Health Departments are key value-added components of clinic services to assure quality and timely customer service and are the focus of this Certified Public Manager project. Clients often are not appointed timely and sometimes are dissatisfied with the length of their health department visits. My project goal is to evaluate current processes which affect how clients access these services and identify potential processes which could provide quicker access, improve customer satisfaction and increase service efficiencies. Specifically, this will focus on two basic components of the client visit: how clients make appointments and how clients are interviewed for that appointment. This is a critical issue that fits within the DHEC Strategic Plan customer service value, which is “to meet or exceed customers’ expectations.” Customer satisfaction of length of time it takes to get services is a priority indicator in DHEC’s strategic performance management plan (see Attachment A).

Public health clients who lack health care insurance or other options are dependent on the Family Planning, Sexually Transmitted Disease and Immunization (noted as *Preventive Health Services* in this document) services provided by the health department. Preventive Health clients need easy access for these services which prevent unplanned pregnancies and the spread of disease.

During the past five years, reduction in staffing and funding for these services have created tremendous challenges to provide timely appointments and services for Preventive Health clients. Therefore, health departments must look at process improvement to utilize the “lean process” approach. “Lean processes focus on

improvement to utilize the “lean process” approach. “Lean processes focus on elimination of all waste, in every process. The result is our ability to produce services in the most efficient way and ensure quality and on-time delivery for every customer.”

(Venu J. Gupta, www.apwa.net/Publications/ReporterOnline/index) Weaker areas, waiting gaps for clients, work place design/flow which could be affecting overall efficiencies of clinic flow must be identified to improve customer service processes.

Appointment Process Evaluation

Appointing a client appropriately and accurately is a key step in effective clinic service delivery. Effective appointment scheduling requires the following:

- Adequate telephone and computer technology to support scheduling.
- Staff resources and training to assure consistent screening of clients.

The telephone resources and automated telephone menus which were very complex and which contained several menu layers received careful evaluation during August, 2007 (see Attachment B). These efforts were facilitated by the Information Technician (responsible for telephone equipment), the Region WIC Director, and the Region Administrative Support Director along with the Clinic Management Team at the local County Health Department. The main goal was to simplify the automated menu options utilizing language and terms that the general public could understand. After review of the current system and needs, it was recognized that approximately one quarter of all calls received by the health department were regarding appointments.

The second step to improve access was to review staffing resources assigned to answer the appointment calls. Historically, clients called separate departments; i.e. WIC,

of appointments were needed, that would require possibly two different staff encounters or calls. Most appointment calls were received in the customer service intake areas which resulted in noisy, ringing telephones which are distracting and disruptive to staff and clients in these service areas. These interruptions in client intake affects wait times for clients who are in the health department for their scheduled appointments.

Intake Process Evaluation:

The next step in clinic service delivery is customer reception and intake. At this point, clients expect timely and courteous service. Due to the number of appointments made and the number of clients who “walk-in” for service, there are often longer wait times for clients. It is an on-going challenge for health department staff to meet the customers’ expectations for quicker service.

During a team meeting in September, the Reception/Intake staff began their process analysis. To begin the evaluation of the customer intake process and identify possible causes for client wait times, the employees responsible for the reception and intake function listed all the steps which are necessary to “process” a Preventive Health client. The group identified how the client would move through the current system and the associated tasks which are required (see Attachment C). As the steps and tasks were discussed, the group was asked to identify any problem areas which could cause delay for staff/client. These are identified in red on the Flow Chart.

Within an hour, this front-line work group had identified 3 key causes of delay for processing clients (which in turn caused longer wait times).

- Missing medical records

- Copying required documents
- Computer system slow processing speed

Missing records could delay staff up to 10-15 minutes. Although client records should be pulled prior to clinic by medical record staff, some records may not be located and pulled prior to clinic.

As part of the Family Planning service to clients, DHEC staff can initiate the Family Planning Waiver application which provides Medicaid coverage for Family Planning services. Although this is a value-added service for clients and for the reimbursement process, the requirement of copying identification and proof of citizenship documentation is very time consuming. These requirements cannot be changed, but the group realized that not having a copier in the intake office caused another delay in walking to, or waiting for, a copier.

The speed of the computer system, CARES (Client Automated Record Encounter System) is controlled by servers which are controlled by Bureau of Budget and Control. The speed affects how quickly the staff can key demographic and financial screening information and print needed documents which are required for each client. These computer issues have been recognized as a critical problem statewide. System delays are being monitored daily by DHEC Information Technology consultants.

The employees agreed that a Time Study would be beneficial to identify waiting gaps or other inefficiencies in client flow. The Time Study (see Attachment D) was distributed to staff during the November Preventive Health staff meeting. Everyone agreed to complete the Time Study during the week of November 5, 2007.

INTAKE DATA COLLECTION AND ANALYSIS

The time study includes data collected from 211 client visits over a four day time period. The time study measured service times and wait times at each “point” of the client visit. The points include: check-in, intake, triage, nurse, lab and checkout.

Although the time study collected data for the entire client visit, the focus of this analysis is on the first two points which are check-in and intake. According to time study data, the average total time for a health department Preventive Health visit is 68 minutes (see Attachment E). The check-in and intake points took approximately 31% of the client’s entire visit time. The check-in average time is 12.7 minutes during which the client is waiting. The intake average service time is 8.6 minutes. The check-in point average time needs further analysis to assure future improvement in customer service delivery at this point.

The time study data provides valuable data regarding gaps or wait times which need improvement (see Attachment F). As stated earlier, clients expect fast service with little or no wait times. During the survey, the average wait time per visit was 31.7 minutes of the average total visit time of 68 minutes. The client spent approximately 47% of their visit time waiting at different points of service. The largest wait times occurred at initial check in and after the intake interview. The process at check-in requires the client to take a number. This number system assures clients will be served in proper order or sequence of arrival. However, it often contributes to delay at the check-in desk.

Further gap analysis of wait time indicates a variety of contributing factors. Staff (both medical and non-medical) brainstormed the reasons that clients wait for services.

Those factors which affect the check-in and intake components include, but are not limited to: staff shortage (due to absences and/or vacant positions), large amount of required paperwork, slow computer system, record not available, language assistance delays, late arrival of clients, walk-in clients (see Attachment G).

Implementation: Call Center

The new menu decreased the number of menu options from eight to four main menu options with "Appointments" being the first option for clients. This was an important first step to improve access to the appointment system for clients with less calling and frustration.

To assure success of the customer-friendly "appointment" menu choice, the group also recommended that a "call center" should be established to co-locate the 3 employees who were currently assigned to making appointments in 3 different departments. This would require no additional staff, but would require some telephone and computer equipment changes. Approximate cost of the telephone changes for service and equipment were approximately \$1,183. The call center changes did not require additional staff. A new Position Description was established for the three existing employees who were reassigned to the appointment Call Center (see Attachment H). Since more cross-training of program requirements and appointment procedures was needed for the Call Center staff, training of staff began in mid-October, 2007 and is on going. An appointment reference guide will be created as a work and training guide for staff in the Call Center.

With approval of the recommendations by the Region 2 Health Director, the new customer-friendly menu and Call Center were implemented November 1, 2007.

Benefits of the Call Center include better utilization of staffing, especially during lunch and annual leave coverage. Call Center logs will be maintained for six months to provide data regarding daily and monthly call trends, which may affect staffing.

Implementation: Intake Improvements

Requiring medical record staff re-check for missing records which are missing before delivering the charts to the clinic area will improve efficiency of record management. Additionally, intake staff should allow 30 minutes the afternoon prior to scheduled clinic to organize records for the following day. This additional preparation and organization should eliminate delays caused by inefficient record management. Purchase of small, inexpensive copier has eliminated the "root cause" of the delay caused by copying required documents for Family Planning Waiver process. Further monitoring and evaluation of the check-in desk is recommended. At this time, staff are modifying the system (how and when the client takes a number) for service.

Call Center Evaluation:

Call logs will be maintained to monitor the number of calls received in the call center. The data will be monitored on to determine any trends in peak call times or days (see Attachment I). This data will be used to predict staffing levels for the Call Center and to evaluate over-all effectiveness for customers. A survey will be utilized to collect

customer input regarding their experience making appointments during the month of February (see Attachment J).

Intake Evaluation:

Progress reports of the proposed changes will be reviewed at the monthly staff meetings. To monitor client service and wait times, another Time Study will be conducted in six months (May, 2008). Also, a Patient Flow Analysis would be helpful to better demonstrate the sequence of appointments and client flow. This would further identify bottlenecks in clinic flow which contribute to longer wait time. The Central Office program staff and CDC will be requested to assist with this effort.

Summary:

This project has focused on the access to Preventive Health services at a local public health department. Clinic management involves many factors, both internal and external, which are affected by the appointment and intake processes. These two initial components are essential in providing good customer service and in managing clinic flow. Although these two components were the main subject of this project, the Time Study analysis provides important information about all components of the clinic. In sharing the Time Study data, staff can easily see how the work of one area directly impacts the other clinic areas and overall customer service.

The first step of this analysis has been to increase staff awareness and understanding of the importance of improving current process steps. Process improvement cannot occur until staff recognize and identify the causes of problems and

recognize their individual roles and responsibilities in the process. Involving staff in the Time Study and follow up discussions has given them a sense of ownership...to the problems and solutions. It has demonstrated the importance of teamwork to maintain efficiency at each component.

Findings include:

- Restructuring the main telephone menu gives clients easier, faster access to make appointments by telephone.
- Establishing a Call Center to centralize the appointment function improves availability of telephone lines and staff, thus increasing efficiency. It also improves service environment to allow staff to focus on customer service delivery.
- Time Study data indicates that the Check-In area waiting time needs further evaluation.
- Flow charting the intake process with staff revealed 3 specific delays which are being addressed by appropriate staff.

Recommendations

The analysis and evaluation of clinic service and wait times has been beneficial for front-line and management staff who are trying to improve customer service processes. The tools and process utilized at this health department Preventive Health clinic are recommended for other health department sites where waiting times are identified to be a problem. Overall customer service can be improved by using cause analysis for identified clinic weak areas and wait gaps.

REFERENCES:

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Simm, K. The Cause & Effect Diagram (a.k.a. Fishbone). Retrieved from www.isixsigma.com/library/content.

Gupta, V. Why Every Government Agency Should Embrace the Lean Process. Retrieved from www.apwa.net/Publications/ReporterOnline/index.

Attachment A
Strategic Plan Performance Measure

Strategic Plan Link and Performance Measure	5C.1c Percent of customers served by a Region who were satisfied with the length of time it took to get services as measured by the annual Health Services Customer Service Survey
Definition/Rationale	<p>Respondents were asked to rate six characteristics as either very good, good, okay, bad, or very bad. The characteristics rated were:</p> <ul style="list-style-type: none"> • how were you treated today • how well were your questions answered • the length of time to get the service • the cleanliness of the area where you were served • how well did the service meet your needs • how was the service you received <p>The statement “the length of time to get the service” is used to calculate the measure.</p>
Standard	86% of respondents will rate us Good or Very Good.
Category of measure (input, output, outcome, quality, efficiency)	Quality
Type of measure (number, percent, Yes/No)	Percent
Program/Org Unit	By Region
Data source and collection procedures	Annual survey completed in the regions. Customers are given surveys during a 1-week time period during the month of April.
Who is responsible for data collection and its quality? (Outside of the PM database)	HS Customer Services committee, Regions and Office of Quality Management
Who is responsible for entering the data into the PM database? (All units, CO, Regions)	CO
Frequency of reporting into the PM database	Annual
Granularity (State, CO, Region, County etc.)	Region/State
Numerator Description	Number of customers reporting “Good” or “Very Good” with the length of time it took to get the service.
Denominator Description	Number of customers completing the survey
Contact person(s)	Mark Barnes
Additional comments	

8-9-07 CMT Meeting

Phone System Discussion:

Four (4) main menu selections in bold, each then transfers to staff

One (1) sub menu for vital records

Greeting and Special message when applicable.....

Our menu options have changed, please listen carefully.

Menu selections:

- **Appts. for WIC, FP, STD, Shots ... press 1 (staff)**
- **Environmental Health.....press 2 (staff)**
- **Birth or Death Certificatespress 3 (automated message)**

You have reached the Vital Records Information Line - Our hours are Mon - Fri from 8:30 to 4:00. Cost of Birth and Death Certificates is \$12.00. We can only issue Birth Certificates for persons born in SC and Deaths that occur in Spartanburg County. To speak with someone press 1

- **All other calls.....press 4 (switchboard)**

Above menu also in Spanish, staff that answer call will work with Habla / interpreter.

After above details complete, Mary Ackerman will meet with us, make necessary changes, and provide training for staff.

Bob will train staff on phone etiquette.

Develop process to delete staff from phone system for staff no longer employed in the Region.

Supervisor's responsibilities :

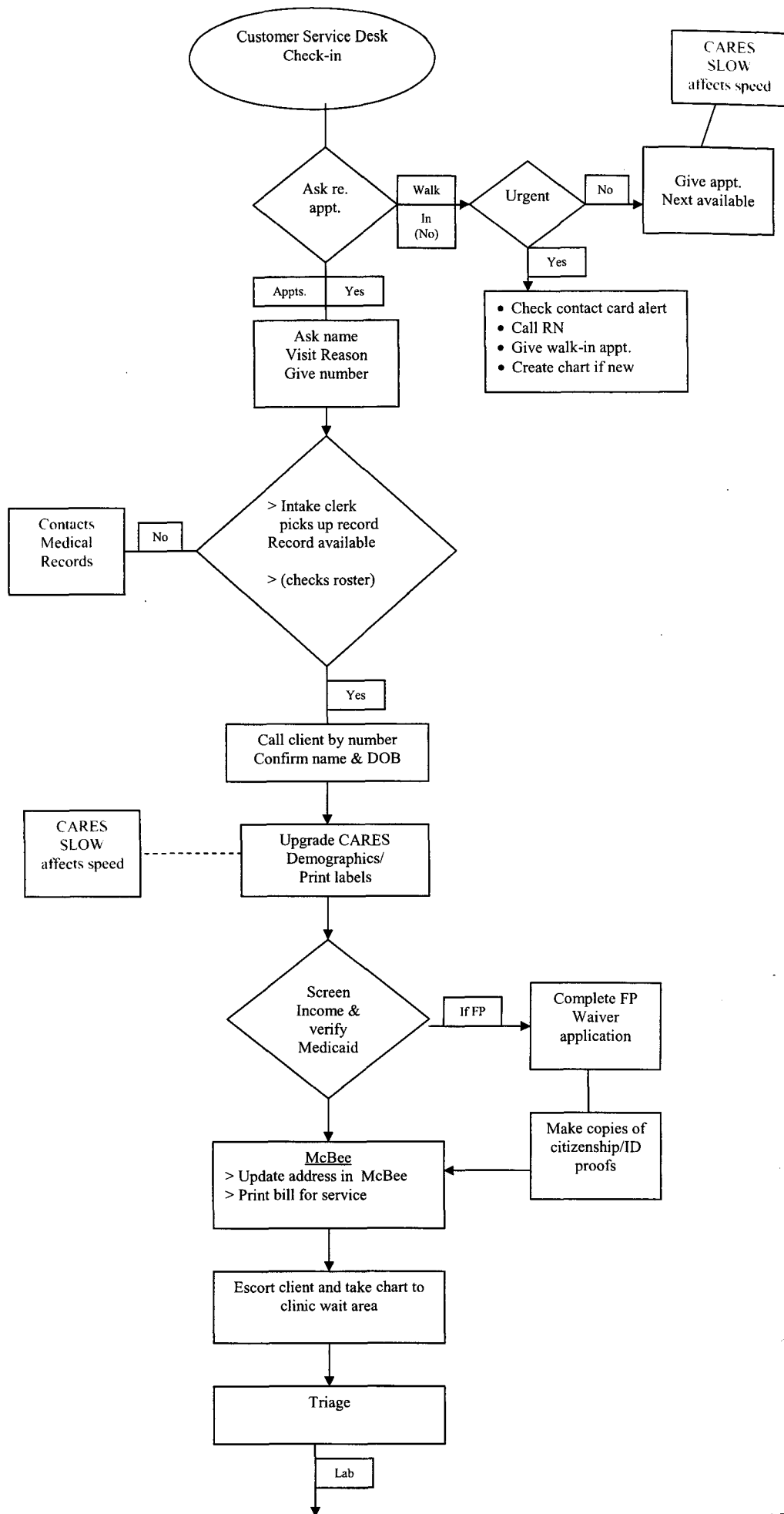
- E-mail IRC to notify when staff employment ends
- Ask IRC to reset password for phone ext.
- Complete a new quick set up to update voicemail message and 411
- Orient new staff re phone system

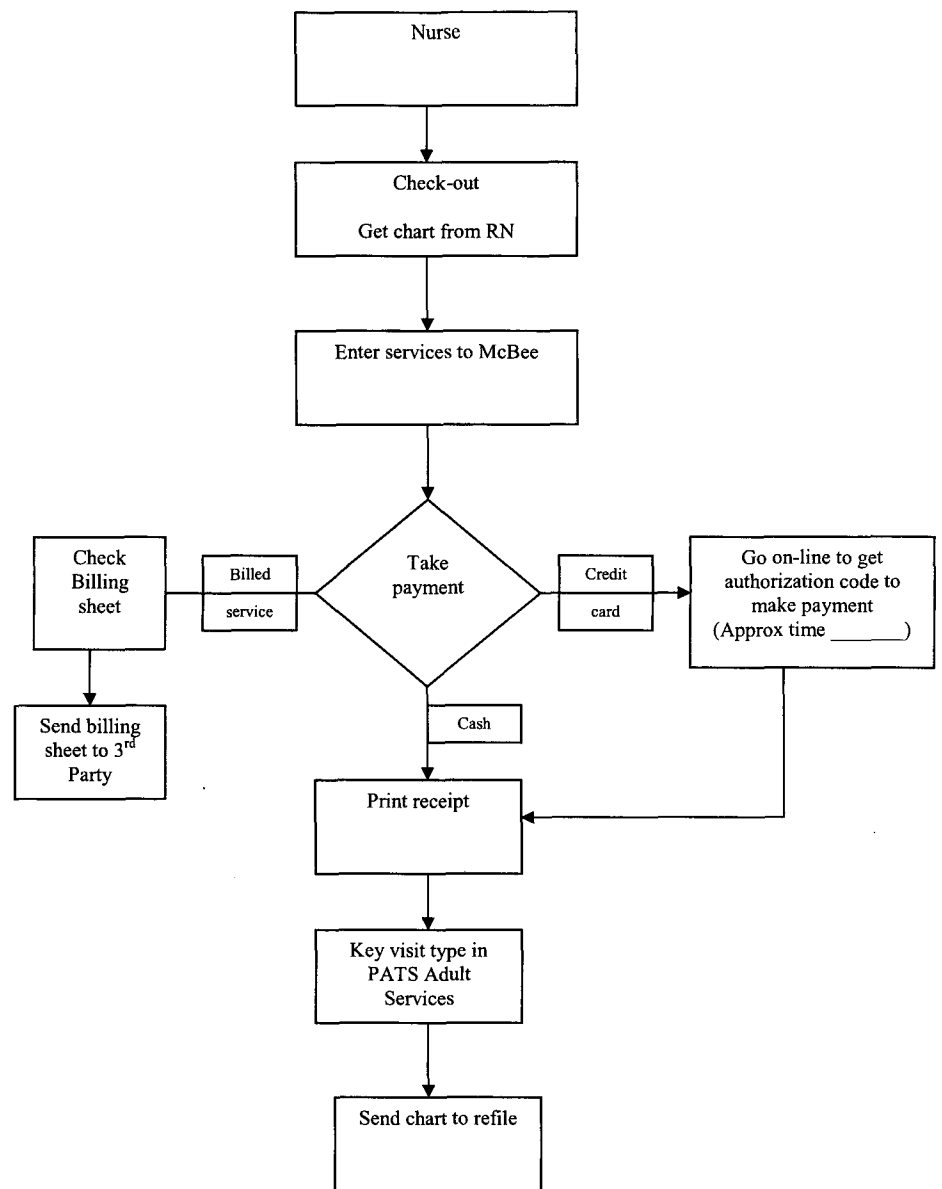
Phone Book: Timeframe: Sept/Oct

- C.O. sends info to the Region for Bell South revisions
- Region sends revised info back to C.O. (Joyce Outlaw)
- C.O. sends to Bell South
- Bob to contact RLT when receives info to revise from C.O.

Develop appointment call center

- 3 staff (?) current
- co-locate





TIME STUDY

Attachment D

Time Study Form

Location (Circle One)					Clinic Model (Circle One)					* Elapsed Time
CCHD	GCHD	SCHD	PCHD	UCHD	PHN	PRE/PO ST	HM (Health Metrics)			
Appointment Type (Circle One)										
Imm	Initial	Annual	Supply	Revisit	Method Problem		UCG	STD eval	STD tx	
Appointment Time:										
Consultation Time: S: E:					APRN:					
Front Desk Check-In: (Arrival Time)										
Time to Admin Spec: Time In: Time Out:										
Time to Nurse/PHN/APRN/MD: Nurse/PHN APRN/MD Time In: Time In: Time Out: Time Out:										
Time to Lab:										
Time Lab Completed:										
Time to Billing:										
Time Completed:										
Total Time (Check-in to completion):										

* To be completed by QI Staff

	Program	Date	Check In	C/I Gap	Intake	Int.Gap	Triage	Gap	Nurse	Nurse Gap	Lab	Lab Gap	Check out	C/Ogap	TO
1	CS	IMM	6-Nov	27		14	6			15					
2		IMM		14		28	10			15					
3		IMM		7		7	7			7					
4		SUP		37		5	28			27					
5		SUP		9		36	3			14					
6		SUP		11		5	5			10					
7		SUP		14		4	13			22					
8		STD		4		11	12	7	7	38		35			
9		STD		11		7	44			45		4			
10		IMM		39		6	21			12					
11		IMM		7		6	24			11					
12		IMM		20		4	27			10					
13		IMM		18		6	63			10					
14		IMM		21		18	22			32					
15		IMM		12		13	17			34					
16		IMM		29		9	30			13					
17		IMM		37		7	45			7					
18		IMM		11		2	30			11					
19		IMM		3		5	34			5					
20		IMM		3		21	25			9					
21		IMM		14		4	1			9					
22		IMM		8		7	6			7					
23		FLU								3					
24		FLU								2					
25		FLU								2					
26		FLU								13					
27		FLU								3					
28		FLU								2					
29		FLU								6					
30		FLU								3					
31		FLU								11					
32		IMM		32		3	35			6					
	Program	Date	Check In	C/I Gap	Intake	Int.Gap	Triage	Triage Gap	Nurse	Nurse Gap	Lab	Lab Gap	Check out	C/Ogap	TOTAL
33	FLU								9						9
34	INT		22		9	14	2	1	43		13		2		106
35	STD		5		14	5	4	18	15		6	20	1		88
36	ANN		7		16	33			90		5				151
37	ANN		35		9	26	2	3	65		4		1		145
38	ANN		12		22	6			64				2		106
39	SUP		12		12	2	3	6	19				1		55
40	IMM		3		3	41			3						50
41	SUP		27		8	2			30		5		11		83
42	SUP		5		17	12	3	3	20	2			1		63
43	SUP		19		14	7	3	7	15	3			1		69
44	ANN		3		10	3			60	32	3		1		112
45	UCG		31		6	7	4	6	9	2	1		1		67
46	UCG		24		7	25	2	10	8	3	2	10	1		92
47	STD		37		6	11	4	1	23	2	8	18	1		111
48	SUP		18		6	7	8	0	3		11		1		54
49	SUP		26		8	15			69	2	5		1		126
TOTAL			674		395	724	42	62	959	46	102	48	26		3078
AV/VISIT			13.7551		8.061224	14.77551	0.857143	1.26530612	19.57143	0.9387755	2.081633	0.979592	0.530612		62.81633
AV WAIT TIME/			31.71429												

am	Date	Check In	C/I Gap	Intake	Int.Gap	Triage	Triage Gap	Nurse	Gap	Lab	Lab Gap	Check out	C/Ogap	TOTAL
1	7-Nov	21		7	17			1	2			7		67
2		5		8	20			3	2			2		40
3		2		8	8			10						28
4	L/A	13		13	7			24						57
5		3		4	13			5						25
6		3		5	12			21						41
7		9		3	10			15						37
8	1 of 2	9		10	7			35						61
9	2 of 2	7		7	25			35						74
10		3		4	5			13						25
11		42		10	10			18						80
12		5		13	35			20						73
13		7		3	7			4						21
14		4		7	32			7						50
15		17		6	12			30						65
16	Travel	13		3	8			16						40
17		7		8	31			8						54
18		6		4	13			8						31
19	Travel	11		7	16			6	10			1		51
20	2 clients	12		11	13			18						54
21		15		6	4			10						35
22	2 clients	5		21	5			36						67
23		39		4	14			31						88
24		32		6	39			11						88
25		12		3	11			8						34
26	Flu							7						7
27	Flu							6						6
28	Flu							5						5
29	Flu	10		4	11			3						28
30	Flu							4						4
SUBTOTAL		312		185	385			430	14	0		10		1336
AV/VISIT		10.06452		5.967742	12.41935			13.87097	0.4516129	0		0.3225806		
Program	Date	Check In	C/I Gap	Intake	Int.Gap	Triage	Triage Gap	Nurse	Nurse Gap	Lab	Lab Gap	Check out	C/Ogap	TOTAL
31	STD	7		6	7			37	4			1		62
32	SUPP	10		7	7			41	2			1		68
33	SUPP	3		10	47			27	2			1		90
34	STD	3		7	9			75	20	13		1		128
35	STD	12		8	16			45	6			1		88
36	STD	5		10	25			30	1	3		5		79
37	INITIAL	3		14	3	8	1	52	3	10		4		98
38	ANNUAL	3		10	11			50	36			1		111
39	INITIAL	5		8	7	9	11	19	2	3		1		65
40	ANNUAL	22		4	10			77	2			1		116
41	SUPP	11		14	2	8	21	30				5		91
42	SUPP	5		12	14			30	3			1		65
43	ANNUAL	22		9	11	17	32	20	10	3		5		129
44	ANNUAL	8		9	26			64				3		110
45	UCG	10		4	13	2	23	15	1			1		69
46	UCG	15		8	20			40	39	3		1		126
47	SUPP	6		10	10	1	1	37	5			1		71
48	STD	1		9	8			39	1	4		1		63
49	STD	7		5	7			28	1			3		51
50	UCG	31		6	20			3	1	3		3		67
51	ANNUAL	9		7	5	2	1	38	2			1		65
52	SUPP	36		10	14			30	5			1		96
53	ANNUAL	16		7	17			60	1			1		102
54	ANNUAL	33		10	17			48	4			1		113
55	INITIAL	3		11	26			54	4			1		99
56	STD	6		14	30			20	3	1				74
57	ANNUAL	6		16	60			33	1			1		117
58	ANNUAL	26		10	1			53	3			1		94
59	INITIAL	5		9	31			90		4		1		140
60	INITIAL	5		16	47			46	1	4		1		120
61	SUPP	7		8	25			9	2			1		52
62	SUPP	13		7	67			16	42			3		148
63	STD	12		7	17			13	1	11		1		62
64	INITIAL	4		10	46			39	6	3		2		110
65	SUPP	30		9	17			20	1			1		78

	TOTAL	400	321	693	47	90	1328	215	65	0	58		3217
	AV/VISIT	11.42857	9.171429	19.8	1.342857	2.57142857	37.94286	17.4285714	1.857143	0	1.6571429		91.91429
	TOTAL AV/VISIT	10.78788	7.666667	16.33333	0.712121	1.36363636	26.63636	3.46969697	0.984848	0	1.030303		68.98485
	GRAND TOTAL	712	506	1078	47	90	1758	229	65	0	68		
	AV WAIT/VISIT	32.44615											

Attachment E
Time Study Data

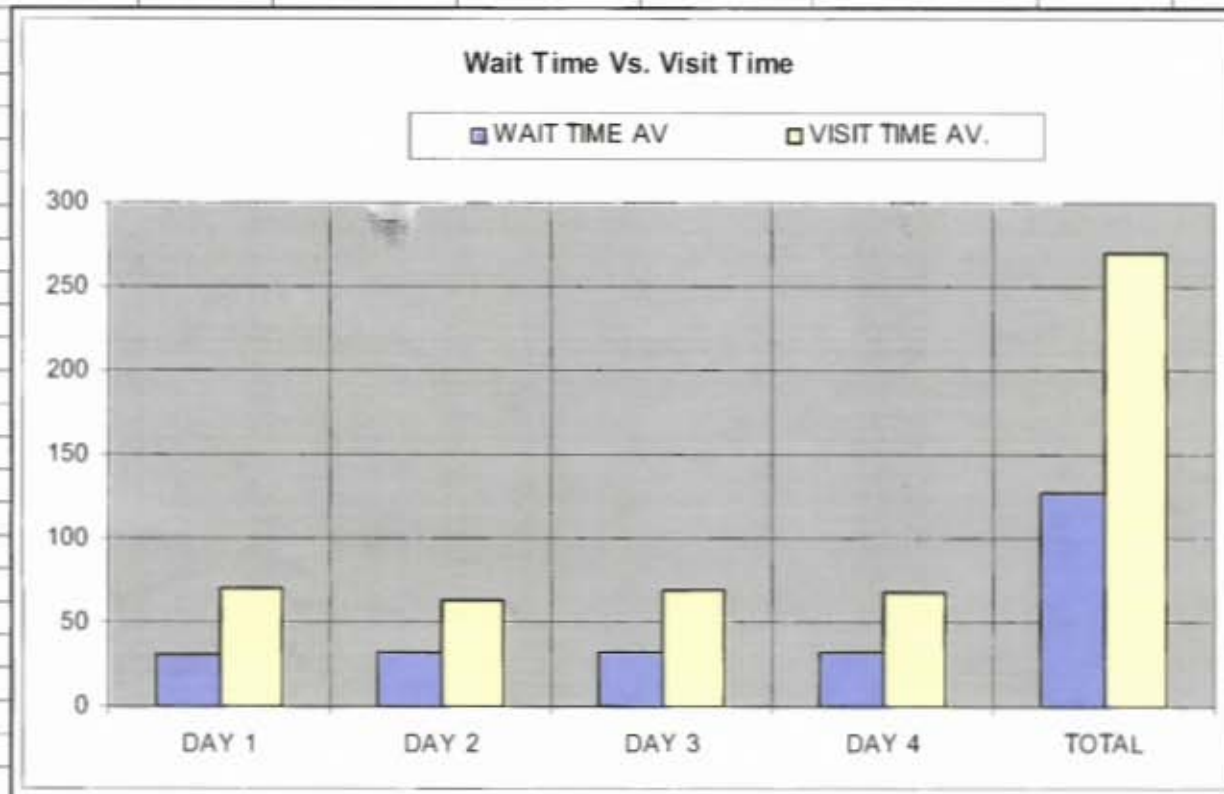
	Program	Date	Time	Check In	C/I Gap	Intake	Int. Gap	Triage	Triage Gap	Nurse	Nurse Gap	Lab	Lab Gap	Check out	C/Ogap	TOTAL
1	COMP	IMM	8-Nov	8:16	12		4	28			16					60
2	MUL(4)	IMM	8-Nov	8:26	8		36	11			4					59
3	MUL(4)			8:40	8		2	4			7					21
4	MUL(4)				8		2	4			7					21
5	MUL(4)				8		2	4			7					21
6	MUL(4)				8		2	4			7					21
7	FLU		8:40	35		25	30				7					97
8			8:26	8		36	15				5					64
9			9:18	6		4	11				11					32
10	COMP		8:40	35		22	33				7					97
11	MUL(3)		9:50	20		4	7				12					43
12			9:55	20		10	19				11					60
13			11:00	6		1	11				6					24
14			11:15	23		7	0	2	3	31						66
15	FLU(3)		12:43	17		8	27				9					61
16			1:00	17		3	25				8					53
17			12:43	13		7	18				11					49
18			1:15	8		8	25				10					51
19	lang/staff		1:20	5		15	31				43					94
20	staff		1:40	2		6	33				10					51
21			2:30	10		9	26				6					51
22			2:15	2		11	30				11					54
23			2:45	10		5	15				6					36
24			2:55	5		3	35				4					47
25			3:50	1		2	1				2					6
26			3:00	1		2	17				10					30
	SUBTOTAL			296		236	464			268						1269
	AV/VISIT			11.38462		9.076923	17.84615			10.30769						48.80769
	Program	Date	Time	Check In	C/I Gap	Intake	Int. Gap	Triage	Triage Gap	Nurse	Nurse Gap	Lab	Lab Gap	Check out		
27	INITIAL		8:28	12		5	15			25		7		1		65
28	STD		8:15	3		8	13			29	1	5		1		60
29	STD		8:45	60		10	1			25	5			1		102
30	UCG		8:44	1		12	18	2		2	43	13		3		94
31	SUP		8:44	4		4	21			50	2			1		82
32	SUP		9:02	8		4	7	9	35	20	1			2		86
33	ANNUAL		9:03	7		10	0	1	54	43	1	5		1		122
34	ANNUAL		9:16	18		6	2	3	0	29	5	20		1		84
35	ANNUAL		9:12	12		6	4	3	60	23	14	9		1		132
36	SUP		9:23	8		6	3	1	24	15	2			2		61
37	STD		9:28	11		3	28			5	4			1		52
38	REVISIT		9:30	10		5	12	8	35	60	2			1		133
39	ANNUAL		10:00	0		5	17	3	1	40	1			1		68
40	STD		10:10	25		7	22			19	1			1		75
41	STD		9:44	5		4	7			70	13	5		1		105
42	INITIAL		10:35	20		10	7	2	12	10	2	5		1		69
43	STD		10:40	5		15	4	4	17	30	3	5		1		84
44	SUP		1:30	12		8	13	5	37	30	15			5		125
45	ANNUAL		1:45	3		16	9	10	59	70		4				171
46	ANNUAL		2:40	4		9	2	5	5	66	9	8		1		109
47	SUP		2:50	11		10	4			24	1			1		51
48	SUP		3:15	1		9	15			11	2			1		39
49	SUP		3:30	1		8	23			24	2			1		59
50	SUP		3:25	11		9	9			36	2			1		68
51	ANNUAL		10:40	28		11	0	1	40	30	12			3		125
	SUBTOTAL			280		200	256	57	379	786	143	86	0	34		2221
	AV/VISIT			11.2		8	10.24	2.28	15.16	31.44	5.72	3.44	0	1.36		88.84
	GRAND TOTAL			576		436	720	57	379	1054	143	86	0	34		3490
	TOTAL AV/VISIT			11.29412		8.54902	14.11765	1.117647	7.431373	20.66667	2.803922	1.686275	0	0.666667		68.43137
	AV WAIT/VISIT			35.64706												

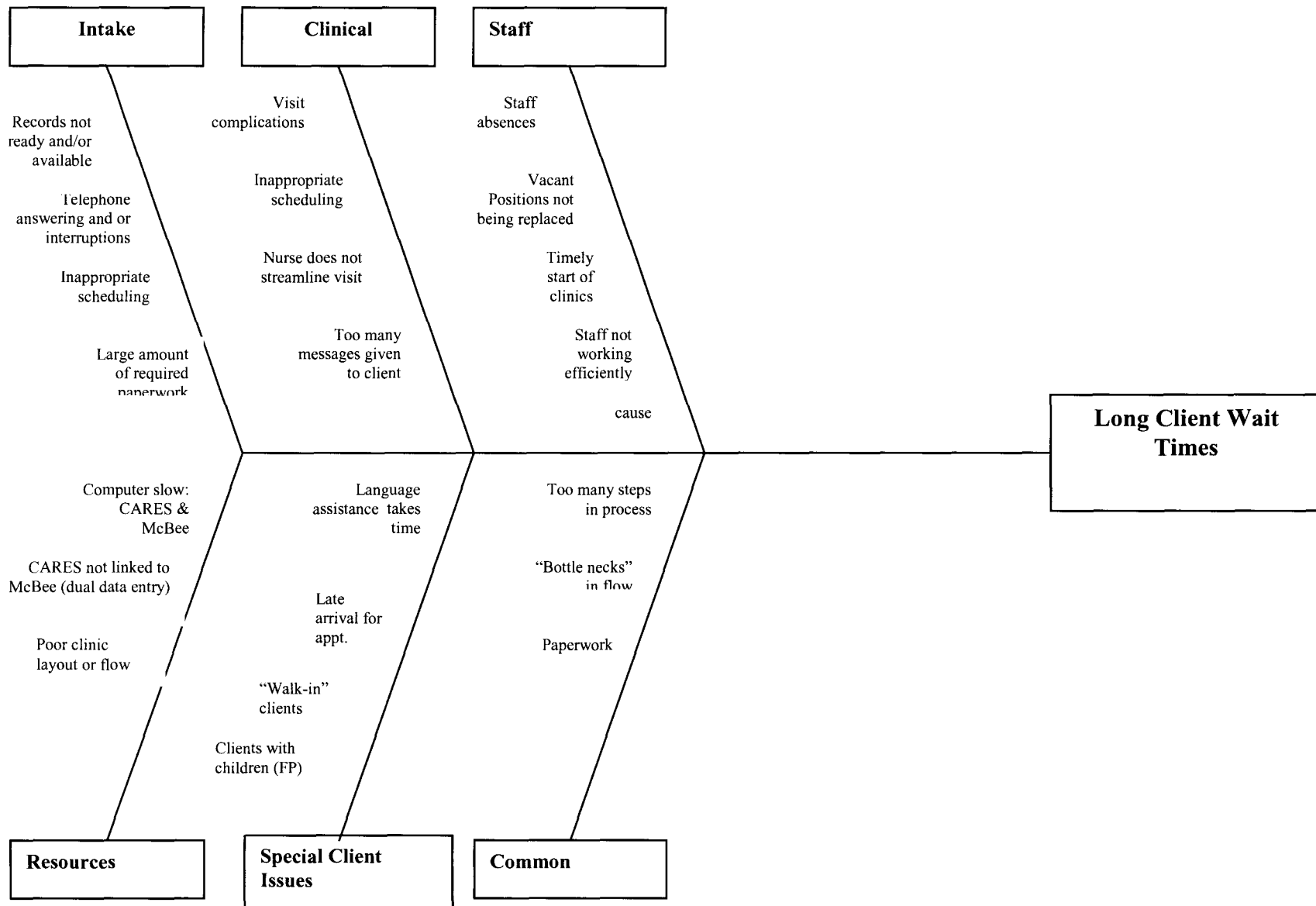
ment E
y Data

WAIT TIME DATA

Attachment F

	CHECK GAP	INT. GAP	TRIAGE GAP	NURSE GAP	LAB GAP	WAIT TIME AV.	VISIT TIME AV.	% WAIT TIME
DAY 1	15.7	8.6	3.8	1.7	1.1	30.9	70	0.441428571
DAY 2	13.7	14.8	1.3	1	1	31.8	62.8	0.506369427
DAY 3	10.8	16.3	1.4	3.5	0	32	69	0.463768116
DAY 4	10.3	12.8	6.8	2.5	0	32.4	68	0.476470588
TOTAL	50.5	52.5	13.3	8.7	2.1	127.1	269.8	0.471089696
AVERAGE FOR 4 DAY	12.625	13.125	3.325	2.175	0.525	31.775	67.45	





STATE OF SOUTH CAROLINA

POSITION DESCRIPTION

THIS SECTION OF THE DESCRIPTION IS TO BE COMPLETED BY THE INCUMBENT Attachment H

1. JOB PURPOSE: Under, general supervision, performs Administrative Support duties for Preventive Health, Immunization and WIC. Duties are performed at the Spartanburg County Health Department as assigned. Headquarters is Spartanburg County Health Department. Collect information from clients. Assists with other duties as assigned. Maintain strict confidentiality.

2. ESSENTIAL AND MARGINAL FUNCTIONS: *Essential Functions

I.	*Provide Telephone Coverage	70%
	*A. Answer telephone line and provide information for Preventive Health, Immunization and WIC Clients. *B. Update client profile into CARES Demographic, Immunization and WIC modules. *C. Schedule/Reschedule appropriate appointments in CARES for Preventive Health, Immunization/TB skin Test and WIC clients. *D. Assist with RD scheduling.	
II.	* Appointment Maintenance	15%
	*A. Print and mail reminder, appointment letters for Family Planning and WIC Clients. *B. Reminder telephone calls for appointments. *C. Key Family Planning Post Partum appointments from SRMC Appt. list into CARES. *D. Process "did not keep appointments" (DNKA) *E. Update all WIC take home activities in the WIC and schedule modules.	
III	*Provide Switchboard back-up coverage	05%
	*A. Answer 12 line telephone by 3 rings. *B. Route calls to appropriate staff or department. *C. Page staff over intercom. *D. Answer client questions accurately. *E. Page appropriate staff for deliveries.	
IV.	*Assist tracking clients' for delinquent Immunization.	05%
	A. Ensure immunization records from clinics are entered into the Immunization module.	
Marginal Function		
VI.	Perform other administrative support duties as requested.	05%

3. SUPERVISORY RESPONSIBILITIES: CLASSIFICATION TITLES OF THREE HIGHEST LEVEL SUBORDINATES	NUMBER
(1)	
(2)	
(3)	

TOTAL NUMBER OF EMPLOYEES SUPERVISED: 0

COMMENTS: Must be able to work independently and with a team. Must process clients for services in a timely manner to ensure a smooth clinic flow and make sound decisions. Work is stressful. Must be able to drive and provide own transportation. Must be able to operate computer, telephone, copier and calculator. Must be able to work fulltime (37.5 hours/week) and work adjusted hours. Must be able to lift (30) pounds and stand for long periods. Must adhere to all HIPAA guidelines and policies. "Participates in disaster preparedness as outlined in the DHEC Region/County plan during hazardous weather or declaration of emergency. During such times the incumbent is designated as an essential employee and subject to duty and/or call on a 24-hour, 7 day basis.

4. THIS SECTION OF THE DESCRIPTION WAS COMPLETED BY:	5. THE ABOVE DESCRIPTION IS AN ACCURATE AND COMPLETE DESCRIPTION OF MY JOB:
Pamela McNeil (PLEASE PRINT)	(INCUMBENT'S SIGNATURE) (DATE)

STATE OF SOUTH CAROLINA POSITION DESCRIPTION

Attachment H

SC Dept of Health & Environmental Control
AGENCY NAME

DIVISION/SECTION/UNIT

INCUMBENT'S NAME

CITY/COUNTY

CODE

CURRENT CLASS/CLASS CODE/SLOT

SUPERVISOR CLASS/CLASS CODE/SLOT

POSITION NUMBER

POSITION STATUS

MERIT SYSTEMS STATUS

SOURCE OF FUNDING

STATE	FEDERAL	OTHER

TEMPORARY POSITION

F/P

HOURS/WEEK

BASE HOURS

AGENCY
FIELDS

(317)

(771)

HUMAN RESOURCE MANAGEMENT USE:

CLASS CODE

AGENCY

SLOT

OPEN DATE

ACTION

APPROVED CLASS TITLE

FLSA

APPROVAL

DATE

REQUESTED ACTION

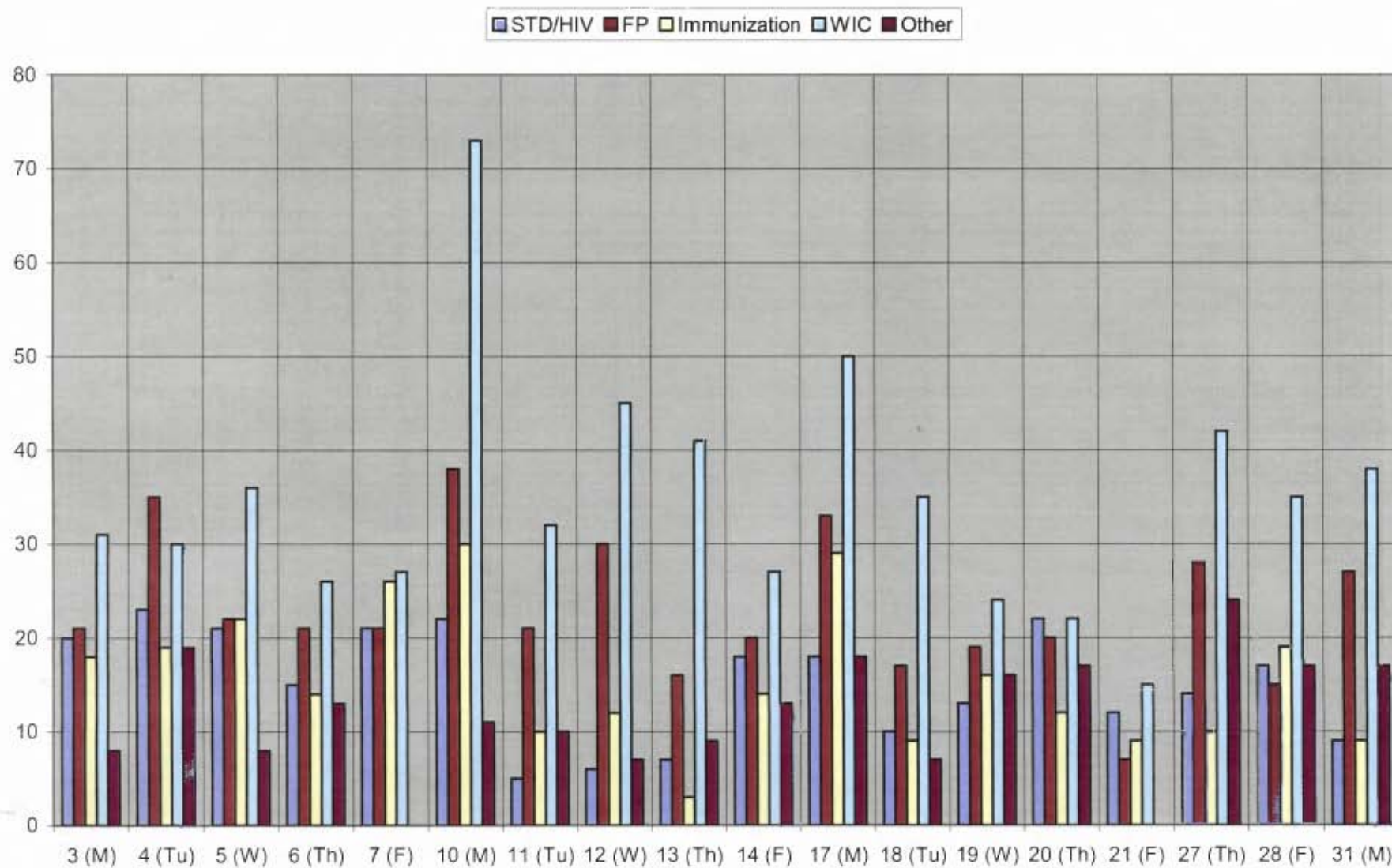
REQUESTED CLASSIFICATION

THE FOLLOWING SECTION OF THE POSITION DESCRIPTION IS TO BE COMPLETED BY THE SUPERVISOR

1. What knowledge, skills, and abilities are needed by an employee upon entry to this job? Where/how would an individual normally acquire these knowledge, skills and abilities?
 High School graduate; must be able to type (35WPM); one year of clerical experience which includes public contact. Must maintain confidentiality, possess the ability to empathize with the needs of the typical public health patients. Must possess tact and able to communicate harmoniously with co-workers and general public; and be able to follow written and oral instructions.
2. Describe the guidelines and supervision an employee receives in order to do this job, including the employee's independence and discretion.
 Direct supervision from Administrative Specialist II Supervisor in Preventive Health Services. Individual supervision and group conference on a regular basis.
 General supervision from County Administrative Support Supervisor and review by Region 2 Admin. Support Director.
3. Supervisor's comments:

4. _____
 SUPERVISOR'S SIGNATURE DATE OTHER REQUIRED SIGNATURE DATE

Appointment Call Tracking By Day



APPOINTMENT SURVEY

Did you make your appointment by telephone?	Yes	No
How long did your call take?	_____	
Were you put on hold?	Yes	No
If so, how long?	_____	
Were you satisfied with your scheduled time?	_____	
If not, give reason. (optional)		
Were you satisfied with the customer service when making your appointment?	Yes	No

APPOINTMENT SURVEY

Did you make your appointment by telephone?	Yes	No
How long did your call take?	_____	
Were you put on hold?	Yes	No
If so, how long?	_____	
Were you satisfied with your scheduled time?	_____	
If not, give reason. (optional)		
Were you satisfied with the customer service when making your appointment?	Yes	No